



<http://www.montgomerycountymd.gov/permittingservices/>

Application for Well/Septic Services or Permit

Type of Service Requested:

Application # _____

☐ Water Table Test

☐ Percolation Test

☐ Sand Mound Test

☐ Initial Plan Review

☐ Minor Plan Review/Revision

☐ Environmental Health Survey

Type of Permit Requested:

Application # _____

☐ New Septic System Permit

☐ Repair Septic System Permit

☐ Well Permit

☐ Construct a Septic System to serve

☐ New

☐ Existing building.

☐ Construct a Well Water Supply to serve

☐ New

☐ Existing building

☐ Construct a Geothermal Well System to serve

☐ New

☐ Existing building.

☐ Other _____

☐ New

☐ Existing building.

Location of Work:

Dwelling contains _____ bedroom(s) or Non-residential structure to be used as _____.

Address _____
Street Number Street Name City State Zip

Lot _____ Block _____ Subdivision Name _____

Applicant Information:

Contact ID# _____ Fax # _____

Name of Property Owner _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Contact Information:

Contact ID# _____ Fax # _____

Contact Person (if other than applicant) _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

TO BE READ BY APPLICANT

I declare and affirm, under penalty of perjury, that to the best of my knowledge, information and belief all matters and facts in this application are correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. *By signature on this application, I hereby grant DPS Well and Septic office permission to inspect the subject property as necessary as directly related to the requested permit/service.*

Print Name
1-12-11

Applicant's Signature

Date